



## 2020 NuHealth Foundation Golf Outing Golfer and Sponsorship Reservation Form

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Company: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

- I would like to participate in the 2020 NuHealth Foundation Golf Outing at the sponsorship level.
- I am unable to attend. Please accept my donation to the NuHealth Foundation.

### Payment Options

Please make check payable to: NuHealth Foundation

Please bill my: \_\_ MC \_\_ Visa \_\_ Amex  
Account number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ CVV Code (3 or 4 digit Security Code): \_\_\_\_\_

Authorization/Signature: \_\_\_\_\_

Billing Name: \_\_\_\_\_ Billing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Or Check # \_\_\_\_\_

The following are in my foursome / individuals will be  
assigned to a foursome:

- 1) \_\_\_\_\_ 2) \_\_\_\_\_
- 3) \_\_\_\_\_ 4) \_\_\_\_\_

Please make your reservation by September 20, 2020

Mail reservation form and payment to:

Linda Walsh, CTRS  
Executive Director, NuHealth Foundation  
2201 Hempstead Turnpike, Box 455  
East Meadow, NY 11554

O: 516.296.4934 | C: 516.554.6987

E: lwalsh@numc.edu